



**Jean Monestime**

**Miami-Dade County Commissioner, District 2  
Mom And Pop Small Business Grant Program**

**Application**

*Please submit 1 original and 1 copy completed application  
We suggest you keep a copy for your records*

# *Attention Business Owners*

## **Mom and Pop Small Business Grant Program For Miami-Dade County District 2**

**Grant Money Available!  
Up to \$3,500 Per Business**

Applications available  
**January 10, 2011 through January 25, 2011**

### **PICK UP APPLICATIONS AT:**

**Commissioner Jean Monestime's District Office  
900 NE 125 Street, Suite 200  
Miami, FL 33161  
Phone: 305-694-2779  
Attn: Mac-Kinley Lauriston**

Or

**Neighbors And Neighbors Association (NANA)  
180 NW 62 Street  
Miami, FL 33150  
Phone (305) 756-0605**

Applications online at [www.miamidade.gov/district02](http://www.miamidade.gov/district02)

**There will be a mandatory information/workshop meeting explaining the  
application and requirements.**

**Applicant must attend at least one meeting.**

**Tuesday, January 25, 2011, 6:00 pm at Liberty Square Community Center  
6304 NW 14<sup>th</sup> Avenue  
or**

**Wednesday, February 2, 2011, 6:30 pm at Shalom Community Church  
900 NE 132<sup>nd</sup> Street  
Please be on time!**

Completed applications will be accepted from Jan. 25 – Feb. 8, 2011 by 5:00 pm  
Hand deliver application to District Office  
No late applications will be accepted!

For additional information contact: Ms. Lawanza Finney 305-756-0605  
**Neighbors And Neighbors Association (NANA)**

***Please submit 1 original, marked original and 1 copy completed  
application. We suggest you keep a copy also, for your records!***

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# **MOM AND POP SMALL BUSINESS GRANT PROGRAM**

## **Brief Description**

The Mom And Pop Small Business Grant Program was created to provide financial and technical assistance to qualified small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase equipment, supplies, advertising/marketing, inventory, building liability insurance, security systems and to make minor renovations.
- Technical assistance is made available to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program has grown each year and is now being offered countywide. As a result, we recognize that the needs of each district are different and our goal is to address this diversity. In order to receive the correct guidelines to be considered for funding, you must apply in the district where your business is located. To locate your district, please call 311 or visit [www.miamidade.gov/commiss](http://www.miamidade.gov/commiss) and click on “Who is my Commissioner?” enter your business address and submit. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

## Mom and Pop Small Business Grant Program Miami-Dade County Districts 2

### FY 2010-2011 Guidelines

**Commissioner Jean Monestime Mom and Pop Small Business Grant Program is offering applications to qualified businesses.**

**All businesses must be located in District 2 and meet the following eligible criteria:**

- One original, marked original and one copy of the completed application and all required documentation.
- Provide proof that the business has been operating for at least 1 year. (example: any old License, State Corporations, Sales Tax, Income tax or utility bill), proof must be in business name (include copy only).
- Must submit a current Local Business Tax receipt (Miami-Dade County Occupational License) or paid receipt. Business name on application must match one on license (include copy only). **If license not required by Miami-Dade County, applicant must provide written proof from Tax Collector's Department.**
- City License if business is located in a municipality or paid receipt (City within the County) (include copy only).
- Application must be typed or handwritten only.
- A printed copy of your **active** State of Florida Corporation, if business is incorporated (<http://sunbiz.org>).
- Must submit outside picture of business location (building or work vehicle).
- Provide copy of picture ID (driver's license, Florida ID, or Immigration card).
- A physical address is required. No P.O Box as mailing address allowed.
- Submit copy of your 2010 tax returns or 2009 if 2010 is not available.
- Elected officials and Government Board Appointees must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
- **If applicable at the time of application provide your,** Business DUNS & Bradstreet D-U-N-S-#. (To obtain a DUNS # please call 1.866.705.5711 or visit <http://fedgov.dnb.com/webform>)

#### **Must attend mandatory information meeting:**

Tuesday, January 25, 2011, 6:00 pm at Liberty Square Community Center  
6304 NW 14<sup>th</sup> Avenue

or

Wednesday, February 2, 2011, 6:30 pm at Shalom Community Church  
900 NE 132<sup>nd</sup> Street

#### **AUTOMATIC DISQUALIFICATION:**

- Must not be part of a national chain.
- Businesses that relocate out of the district during the process.
- Applications will not be accepted after deadline.
- Must not have delinquent loan with Miami-Dade County, County Department or a County funded agency.
- Non-profit agencies can not apply.
- Home – base businesses can NOT apply.
- If you business received funding in the past.
- Cannot have more than seven (7) fulltime employees (2 part-time will count as 1 fulltime).

**PLEASE BE AWARE OF THE FOLLOWING:****Mandatory Information Meeting**

All businesses that are applying for funding must attend a meeting, which will explain the program requirements. Please be prepared to stay at least 2 hours, all questions will be answered at that time. Attending the preliminary meeting does not guarantee that you will receive funding.

Tuesday, January 25, 2011, 6:00 pm at Liberty Square Community Center  
6304 NW 14<sup>th</sup> Avenue

or

Wednesday, February 2, 2011, 6:30 pm at Shalom Community Church  
900 NE 132<sup>nd</sup> Street

**PLEASE BE ON TIME**

**We recommend that you do not complete the application  
before the above meeting.**

## **ELIGIBLE USE OF FUNDING:**

- **Inventory / Supplies**
- **Business Equipment**
- **Marketing / Advertising**
- **Commercial Liability Insurance**
- **Minor Interior / Exterior Renovations**
- **Security System**
- **Work Vehicle (pick up truck or cargo van)**
- **Professional Services**

## **INELIGIBLE USE OF FUNDING:**

- **Rent / Lease or Mortgage**
- **Rental Deposits**
- **Late Payment Fees**
- **Purchase of Alcohol, Tobacco or Medicine**
- **Salaries**
- **Debts**
- **Utility Bills**
- **And any and all others not listed in the eligible use above.**

**FY 2010-2011  
Applications Forms  
Mom and Pop Small Business Grant Program**

Date: \_\_\_\_\_

**A. Identifying Data**

Business Name	
Business Address	
City & Zip Code	
Business Phone and Fax #	
Email Address	
Type of Business	
Owner or President Name	
Owner or President Home Address	
City & Zip Code	
Are you Female Head of Household?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Race Ethnicity (circle one)	White Black Asian American Indian Hispanic Other _____
Family Size (circle one)	1 2 3 4 5 6 7 8 9 10 Other # _____
Owner of President Total Household Gross Income for Last Year	\$ _____

<p>If you have a Data Universal Numbering System" number, known as a DUNS number at the time of application please provide.</p> <p><b>If not, this 9 digit number will be REQUIRED by this program if your business is selected for funding.</b></p>	<p>_____</p>
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<b>B. Funding Request Summary</b>	
<b>Funding Request Amount</b>	\$ _____



**C. BUSINESS INFORMATION**

1. Describe your Business: \_\_\_\_\_

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2. What kind of service or goods you offer to the community: \_\_\_\_\_

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3. What are your Business Goals: \_\_\_\_\_

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4. Brief Description on how the funds will be used to help grow your business: \_\_\_\_\_

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5. List your Management Team and years of experience:

<u>NAME</u>	<u>TITLE</u>	<u>YEARS OF EXPERIENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years \_\_\_\_\_ months \_\_\_\_\_
2. Have you received mom and pop funding in the past? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you or any of the shareholders employed by Miami-Dade County?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what department? \_\_\_\_\_
4. Do you have a past due loan with the County or any County funded Department or agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, with whom? \_\_\_\_\_
5. Would you be willing to participate in any offered business workshop training?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. If awarded the full amount allowed by the program, knowing that the funding can not be used for salaries/payroll, would you still be able to create a new job?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
Will the new job be full-time? Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If yes, complete forms pages 22-23 and submit with the application.

**E.****Current Employee Roster**

8. Number of employees? Full-time:\_\_\_\_\_ Part-time: \_\_\_\_\_
9. Please provide the following information regarding your current employees(s):

Employee Name	Previously employed prior to hiring (Y or N)	Date of Hire	*Job Title	Full Time (FT) or Part Time (PT)	Family Household Size	**Demographics

\*Job Title      Officials and Managers      Technicians      Craft Works (Skilled)      Labor (Unskilled)      Sales  
                          Professional                      Office and      Operative (Semi-Skilled)      Service Workers  
                          Clerical

\*\*Demographics    W-White    B-Black    A-Asian    AI-American Indian    H-Hispanic    O-Other

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: \_\_\_\_\_

Owner or President

DATE CERTIFIED: \_\_\_\_\_

Please add separate pages, if needed.

**The 5 page Grant Agreement  
along with the 5 separate  
supporting affidavits must  
be completed, submitted and  
will only be valid if business  
is approved for funding by  
the Selection Committee**

# Grant Agreement

BETWEEN

**Miami-Dade County (Office of Grants Coordination)**

(OGC)

AND

(Business Name)

\_\_\_\_\_ (Recipient)

AND

(Owner Name)

\_\_\_\_\_

(Business Address

\_\_\_\_\_

(City, State, Zip Code)

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
(Federal Employer ID Number (if *incorporated*) or Owner's Social Security Number (if not incorporated)

**This GRANT AGREEMENT is entered into between the Office of Grants Coordination, a Department of Miami-Dade County government, located at 111 NW 1<sup>st</sup> Street, Miami, FL 33128, hereafter referred to as “OGC” and**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Business Name) (Business Address) (City)

**FL, 33\_\_\_\_, hereafter referred to as the “Recipient” and \_\_\_\_\_,**

(Owner's Name)

**the owner of the Recipient (hereinafter referred to as “Owner”).**

**NOW, THEREFORE, if approved for funding Recipient/Owner agrees to grant funds under the following conditions:**

## 1. Use Of Grant Funds

**If approved the Recipient/Owner shall use the funds only for:**

- The purchase of Inventory and Supplies
- Business Equipment
- Publicity, Marketing and Advertising (signs, pamphlets, wall plaques, cornerstones, dedications, notices, flyers, brochures, news releases, media packages, promotions, and/or stationery)
- Security Systems
- Commercial Liability Insurance
- Minor Interior/Exterior Renovations (as defined and approved by OGC)
- Purchase of work vehicle (cargo van or pickup truck only).
- Professional Services

The Recipient/Owner must use these funds only for the business listed herein. The funds may be used only for the activities listed; any other use is prohibited. Use of these funds for any purpose other than those listed herein, shall constitute a breach of this grant agreement and the owner shall be required to repay the entire grant amount immediately. The Recipient/Owner agrees that none of the items purchased with the grant funds will be returned, transferred or sold except in the normal course of business; however, exchanges can be made upon prior written approval from the Office of Grants Coordination.

The Recipient/Owner agrees to adhere and be governed by all of the requirements as stated above.

1. This space intentionally left blank

2. This space intentionally left blank

## **2. Method Of Disbursement**

**Subject to the availability of grant funds, payments will be made for approved goods and services only according to the terms and conditions contained within this contract in an amount not to exceed the total maximum amount listed in Section 3 of this agreement. These funds shall not be disbursed until the Recipient/Owner has submitted all required documentation in a form acceptable to OGC (invoice, quote, proposal, statement or estimate executed Form W-9 of the authorized vendor, if not currently registered to do business with Miami-Dade County, and Authorization to Release Funds Form). Only after the Recipient/Owner submits all required documentation shall payment(s) be made payable only in the name of the authorized vendor(s) and checks will be released on the behalf of the Recipient/Owner.**

### **3. Transfer Of Ownership Or Discontinuance Of Business Operation**

**This grant is awarded on the condition that the Owner maintains ownership of or continues to operate the Recipient business for a period of eighteen (18) months from the effective date of this agreement. If the Owner transfers ownership of the Recipient business before the expiration of the eighteen-month (18) period, the total amount awarded under this agreement may be due and payable to the Miami-Dade County Board of County Commissioners at the sole and absolute discretion of OGC.**

### **4. Terms And Conditions**

For the purpose of this program, this Grant Agreement is a County Contract and the Recipient/Owner shall be and is bound to comply with all applicable Miami-Dade County requirements including but not limited to maintaining all required business and commercial licenses and insurance.

Recipient/Owner is responsible for any insurance or other fringe benefits, e.g., social security, income tax withholdings, retirement or leave benefits, for the employees of the Recipient that are normally available to direct employees of OGC. The Recipient/Owner assumes full responsibility for the provision of all insurance and fringe benefits to the employees of the Recipient in order to satisfy this Grant Agreement.

The Recipient/Owner shall maintain all business records in accordance with generally accepted accounting principles, procedures, and practices. The Office of Grants Coordination ("OGC") may perform on-site reviews to ensure compliance with contract terms. The Recipient/Owner shall ensure that the business records are at all times subject to and available for full access and review by Miami-Dade County and any other personnel duly authorized by Miami-Dade County.

This includes but is not limited to original receipt for asset(s) and/or inventory purchased under this agreement. The review will also include visual inspection of the asset(s) purchased and/or record to support inventory purchase and sale. If the asset(s) cannot be located and/or record to support purchase and sale of inventory cannot be made available at the time of the review, the Recipient/Owner may be liable to the County, at the sole and absolute discretion of OGC for the total cost of the asset(s) and/or inventory purchased with grant funds.

Recipient/Owner agrees to comply with all reporting requests from OGC pursuant to this grant agreement.

## **5. Indemnification**

The Recipient/Owner shall indemnify and hold harmless Miami-Dade County and its officers, employees, agents, and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which Miami-Dade County or its officers, employees, agents, or instrumentalities that may occur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of relating to or resulting from the performance of this Agreement by the Recipient/Owner or its employees, agents, servants, partners, principals, or subcontractors. The Recipient/Owner shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of Miami-Dade County, where applicable, including appellate proceedings, and shall pay all costs, judgments and attorney's fees which may issue thereon. The Recipient/Owner expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by the Recipient/Owner shall in no way limit the responsibility to indemnify, keep and save harmless and defend Miami-Dade County or its officers, employees, agents, and instrumentalities as herein provided.

## **6. Termination**

Recipient/Owner agrees to comply with the purpose of this Grant Agreement. Failure to do so by the Recipient/Owner or violation of any terms and conditions of this Grant Agreement by the Recipient/Owner shall warrant termination of this Grant Agreement and the total amount paid under this Grant Agreement may be due and payable to the Miami-Dade County Board of County Commissioners at the sole and absolute discretion of OGC.

## **Attachments**

1. Miami-Dade County Affidavits
  - (a) Public Entity Crime
  - (b) Criminal Record
  - (c) Certification Regarding Lobbying
  - (d) Financial and Conflict of Interest
  - (e) Ethics Opinion
2. Local Business Tax Receipt or Paid Receipt (Occupational License)



NOTICE: Whereas this Grant Agreement and all other documentation pertaining to the program is not binding unless Recipient is approved for funding and Grant Agreement is notarized and signed by Recipient/Owner, and executed by County designated representative.

STATE OF FLORIDA

COUNTY (MIAMI-DADE)

**IN WITNESS THEREOF**, the parties hereto have caused this five (5) page Grant Agreement to be executed by their undersigned officials as duly authorized.

RECIPIENT

GRANTOR

<p><b>By</b> _____  <div style="text-align: center;">Business Name</div></p> <p>NAME: _____  <div style="text-align: center;">Print Owner or President's Name</div></p> <p>TITLE _____</p> <p>DATE: _____</p>	<p><b>By</b> _____  <div style="text-align: center;">:</div> <div style="text-align: center;">Miami-Dade County</div></p> <p>NAME _____  <div style="text-align: center;">Mayor or Mayor's Designee</div></p> <p>TITLE _____</p> <p>DATE _____</p>
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NOTARY for RECIPIENT/OWNER

**The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,**

**20\_\_\_\_, by \_\_\_\_\_ on behalf of \_\_\_\_\_**  

Signature
Print Business Name

**( ) who is personally known to me or ( ) has produced \_\_\_\_\_, as identification.**

**ID Type: \_\_\_\_\_ Notary Signature: \_\_\_\_\_**

**(Print, Type or Stamp Commissioned Name of Notary Public)**

\_\_\_\_\_  
 \_\_\_\_\_

**(SEAL)**



## **Request for Opinion from Ethics Commission Acquiring Financial Interest**

I, \_\_\_\_\_, the owner or president of  
(Your Name)

\_\_\_\_\_, whose business address is  
(Business Name)

\_\_\_\_\_, I am currently employed  
(Business Address, City, State, Zip)

with Miami-Dade County Department, \_\_\_\_\_,  
(Department or N/A if not applicable)

who is being considered for funding through the Mom and Pop Small Business Grant Program based on the opinion of the Ethics Commission. Please review my request and forward to Neighbors And Neighbors Association to the attention of Leroy Jones, Executive Director, 180 NW 62<sup>nd</sup> St., Miami, FL 33150 or fax (305) 756-6008. Thank you in advance for your attention to this very important matter.

## **This page must be fully completed**

# Certification Regarding Lobbying

## Certification for Contracts, Grants – Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for Influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract\* grant, loan, or cooperative agreement.

2. If any, funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty for no less than \$10,000 and not more than \$100,000 for each such failure.

BY: \_\_\_\_\_  
(Print business name & owner's name)

NAME: \_\_\_\_\_  
(Signature of owner)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a)**  
**FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATS**

1. This form statement is submitted to Miami-Dade County

by \_\_\_\_\_  
 (Print individual's name and title)

for \_\_\_\_\_  
 (Print name of business submitting sworn statement)

whose business address is \_\_\_\_\_  
 (Address, City, State, Zip Code)

and if applicable its Federal Employer Identification Number (FEIN) is \_\_\_\_\_. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

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2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to an directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to any bid or contract for goods or services to be provided to public entity or agency or political subdivision of any other conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "Affiliate" as defined in paragraph 287.133(1)(a), **Florida Statutes**, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States within the legal power to enter into a binding contract and which bids or applies to bid on contracts of the provision of goods or entity. The term "person" includes those, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

\_\_\_\_\_ Neither the entity submitting sworn statement, not any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity had been charged with and convicted of a public entity crime subsequent to July 1, 1989, **AND** (please indicate which additional statement applies.)

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED I PARAGRAPH 1(ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OR THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 28.017 FLORIDA STATUTES FOR A CATEGROY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_

Or produced identification \_\_\_\_\_ Notary Public-State of \_\_\_\_\_

\_\_\_\_\_ My commission expires \_\_\_\_\_  
(Type or Identification)

\_\_\_\_\_  
(Printed, typed or stamped commissioned  
name of notary public)

## CRIMINAL RECORD AFFIDAVIT

The individual, officer, director, president or entity entering into a contract or receiving funding from the County has \_\_\_\_\_ has not \_\_\_\_\_ as of the date of this affidavit been convicted of a felony during the past ten (10) years.

\_\_\_\_\_  
(Printed Name of Business)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Print Name)

**STATE OF FLORIDA)**

**COUNTY OF DADE)**

The a foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ on behalf of \_\_\_\_\_

(Signature)

(Business Name)

who is personally known to me or has produced \_\_\_\_\_, as identification

**Notary Signature:** \_\_\_\_\_

**Type or Print Name:** \_\_\_\_\_

Notary Seal: \_\_\_\_\_

## AFFIDAVIT OF FINANCIAL AND CONFLICT OF INTEREST

1. Do you have any past due financial obligations with Miami-Dade County?

	YES	NO
Single Family House Loans	_____	_____
Multi-Family Housing Rehab	_____	_____
CDBG Commercial Loan Project	_____	_____
U.S. HUD Funded Programs	_____	_____
Other (liens, fines, loans, Occupational licenses, etc.)	_____	_____

If YES, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Are you a relative of or do you have any business or financial interest with any elected Miami-Dade County official, Miami-Dade County Employee, of Member or Miami-Dade County Advisory Boards?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any false information provided on this affidavit will be reason for rejection and disqualification of your project-funding request to Miami-Dade County.

The answers to the foregoing questions are correctly stated to the best of my knowledge and belief.

By \_\_\_\_\_ Date \_\_\_\_\_  
 (Print Name)

SUBSCRIBED AND SWORN TO (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_ He/She is personally know to me or has presented  
 (Signature)

\_\_\_\_\_ as identification.  
 (Type of Identification)

\_\_\_\_\_  
 (Signature of Notary)

\_\_\_\_\_  
 (Serial Number)

\_\_\_\_\_  
 (Print or Stamp of Notary)

\_\_\_\_\_  
 (Expiration Date)

Notary Public- Stamp of \_\_\_\_\_  
 (State)

Notary Seal

**The following pages are to  
be completed and  
submitted ONLY if your  
business will be able to  
create a new job**



## AGREEMENT

### FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES FOR THE CREATION OF JOB(S)

In order to receive the various forms of financial/Technical Assistance available through NANA, businesses must enter into an Agreement to make “available” and to “document” the job creation for the benefit of low-and moderate income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of

\_\_\_\_\_ to:

- 1) make available 51% of the resulting jobs to low- and moderate-income individuals;
- 2) provide a list of the job titles of the permanent jobs expected to be created which will be available to low/moderate-income individuals and which jobs require special skills or education and which are part-time, if any;
- 3) provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs created;
- 4) maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) complete an annual report of all jobs created with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that NANA will not provide all the assistance requested by your business until this Agreement is executed.

\_\_\_\_\_  
Signature of Applicant  
Agreed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Duns Number-**Required/Mandatory**  
(To obtain a DUNS #, Please call 1-866-705-5711)

Leroy Jones, Neighbors And Neighbors Association

\_\_\_\_\_  
Date

**JOB COMPLIANCE FORM****STATE OF FLORIDA )****COUNTY OF MIAMI-DADE )**

Being duly sworn, on my oath declares: That, I, \_\_\_\_\_ agree to create one new full-time or part-time job for a low to moderate income person if awarded the maximum amount under the Mom And Pop Small Business Grant Program within six months of my receipt of such award. If I fail to create the required new job within the agreed upon time period I will be in non-compliance and will be required to pay the entire amount of the grant back to Miami-Dade County.

IN WITNESS WHEREOF, I, \_\_\_\_\_, the undersigned  
Owner of \_\_\_\_\_, have signed this  
**JOB COMPLIANCE FORM** on this \_\_\_\_\_ day of \_\_\_\_\_, 2010, and  
acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 2011 by \_\_\_\_\_, who personally appeared

Signature

before me at the time of notarization, and who is personally known to me or who  
produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: \_\_\_\_\_

PRINT: \_\_\_\_\_

STATE OF FLORIDA AT LARGE

## APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED IN EACH ORIGINAL  
AND COPIED APPLICATION.

- One original, marked original and one copy of completed application and all required documentation.
- Copy of the Miami-Dade County: Local business Tax Receipt (Occupational License) or Paid Receipt. **If license not required by Miami-Dade County, applicant must provide written proof from Tax Collector's Department.**
- Print active State Corporation if Incorporated
- Copy of the City License if business is located in a municipality (City within the County).
- Picture of business location (Building or work vehicle)
- Picture ID (Driver's License, Florida ID or Immigration Card)
- Provide proof that the business has been operating for at least 1 year.
- Copy of 2010 income tax return or 2009 if 2010 is not available.
- Elected officials and Government Board Appointees must get written approval stating no conflict of interest from Miami-Dade County Commission on Ethics.
- **If applicable**, enclose completed new job creation agreement and job compliance form to reimburse the funding if a new job is not created, within six (6) months after receiving funding.
- **If applicable at the time of application**, provide your Data Universal Numbering System number (DUNS number).

N.A.N.A may request additional information to determine application qualification.

**My signature below indicates that I have read this document and fully understand its contents.**

***The information submitted on this document is true to the best of my knowledge.***

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Signature

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Date